

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

11575431

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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24			2			
25			1		1	
26			1		1	
27			1		1	
28			1		1	
29			1		1	
30			1		1	
31			3		1	
32			3		1	
33			3		1	
34			3		1	
35			3		1	
36			1		1	
37			1		1	
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41			1		1	
42			1		1	
43			1		1	
44			1		1	
45			1		1	
46			1		1	
47			1		1	
48						
49						
50						
TOTAL IND.			3		2	
TOTAL DEP.			54		28	
TOTAL CLAIMS			37		27	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.			54		28	
TOTAL CLAIMS			37		27	